

## CHANGING FACTS

Fact 1: Indigenous Australians have lower cancer rates than the non-Indigenous population. However, Fact 2 counteracts this: Indigenous people with cancer have higher fatality rates. Searching for explanations, Hall et al (*page 191*) crunched the numbers to determine if there are differences in surgical interventions for cancer in Western Australia.

Another unfortunate Fact: type 2 diabetes is rampant in Indigenous communities, and is causing many premature deaths. Aware of this, Bailie et al (*page 195*) sought to make and sustain some changes to diabetes care in communities in the Tiwi Islands and Katherine West.

## TESTING A GOOD IDEA

...is what research is all about, and is what Byles et al (*page 186*) did when they conducted a randomised controlled trial of regular home-based preventive health assessments for older people.

## "CALLING CLINICAL ETHICS . . ."

A pregnant woman, whose 25-week fetus is affected by Down syndrome, requests a termination of pregnancy. The mother of a severely disabled boy asks for him not to be resuscitated if complications arise during an operation. If you were in Newcastle, you might summon the Acute Clinical Ethics Service in these situations. Consensus is not always the point, say Gill and colleagues (*page 204*), as does editorialist Somerville (*page 180*), who also discusses the ethics and legalities of clinical ethics services.



## NOT THE USUAL SUSPECTS

The health effects of a "Mediterranean diet" have taken on new meaning for several South Australian women. On *page 219*, Smith et al describe the immediate hypersensitivity reactions that occurred after each woman consumed lupin, a popular legume in Europe that is increasingly finding its way into breads and snacks in Australia. "May contain traces of lupin" has a nice ring to it: expect to see it soon. But what does this disclaimer, often found on food packaging, actually mean? And should we ban all foods that possibly contain allergens from schools, fetes and church morning teas? Said and Weiner (*page 183*) give some common sense advice.

## A HARMFUL UNCERTAINTY

Despite the fact that about 100 000 induced abortions are performed each year in Australia, the laws surrounding the procedure are far from uniform and clear. The waters get murkier when considering late-term abortions and, as evidenced by the case described by de Crespigny and Savulescu (*page 201*), the resulting uncertainty can leave doctors vulnerable to legal and disciplinary action.

## AGE SHALL NOT EXCLUDE THEM

An 84-year-old man presents with frequent and worsening angina. Should you maximise his medical therapy, hope for the best and prepare him for the worst? Before you write him off for a surgical cure, says cardiothoracic surgeon Alvarez (*page 181*), be aware that age alone is not a barrier to such treatment.

## DOPING FOR GOLD

In Australia, Olympic fever over the last few months has been somewhat quelled by drug scandals. There have been some changes in the drugs used, as well as the regulations and detection methods, since the Sydney Olympics. Kennedy details some of these in *Letters*, *page 227*.

## A CHANGE IN THE LIGHTING

In a career that has spanned three countries and four distinct "medical and social cultures", oncologist Rodger, who recently returned to Glasgow after more than a decade in Melbourne, has had ample opportunity to survey the pros and cons of the various models of healthcare. On *page 211*, he presents a frank reflection on healthcare in Australia.

## BIPOLAR EXPEDITION

What do astronaut Buzz Aldrin and actress Carrie Fisher have in common (apart from being American celebrities)? If your answer wasn't "both suffer from bipolar disorder", turn to *page 207* for the *Clinical Update* by Mitchell et al containing these and many other fascinating (and new) facts about this condition. (Did you also know that it causes more disability and relationship difficulty than unipolar depression? Or that there are several effective new treatment agents?)

## SAFE AND SOUND?

The Australian public generally assumes that complementary and alternative therapies are safe, if not necessarily conventionally "sound", while many in the medical profession may consider them as neither. What checks and balances exist to ensure the safety of CAM products on our supermarket and pharmacy shelves, or of the CAM practices for which many self-refer? Myers' contribution to our *Complementary and Alternative Medicine* series (*page 222*) describes these and offers some perspective on the public safety issues.

## ANOTHER TIME... ANOTHER PLACE

Abortion...should not be performed when contrary to the best interests of the patient since good medical practice requires due consideration for the patient's demands...No physician or other professional personnel shall be compelled to perform any act which violates his good medical judgement. Neither physician, hospital, or hospital personnel shall be required to perform any act violative of personally held moral principles.

American Medical Association  
*House of Delegates, 1970*